

Pre-Admission RUG-III Screening Worksheet

Resident Name		Date of Birth	Sex	Hospital		Hospital Admission Date	
Hospital Phone		Medicare Days Used			SNF Days Used		
Primary Diagnosis						DRG	
Completed on:		Potential Admission Date:			Completed by:		

Instructions: Using information gathered from the client's clinical record, complete Sections 1 through 4 in sequence. Once the client's assessment indicates a "YES" answer in a section, then skip to Section 5-Functional Physical Performance. As indicated, specify the location in the resident's clinical record where supporting documentation can be found.

Section 1-Special Rehabilitation (If total number of therapy minutes <45 min, skip to Section 2)	
During the first 7-day period in the facility, the client will have received:	Circle Y/N
720 minutes or more (total) of therapy per week in at least two disciplines, one for at least 5 days, AND a second for at least 3 days (Ultra High Intensity) or	Y / N
500 minutes or more (total) of therapy per week in at least one discipline for at least 5 days (Very High Intensity) or	Y / N
325 minutes or more of therapy in at least one discipline for at least 5 days (High Intensity) or If this is a Medicare 5 day or Readmission/Return Assessment, then the following may apply: In the last 7 days the client received 65 minutes or more of therapy AND In the first 15 days from admission 520 minutes or more of therapy is expected with Rehabilitation services expected on 8 or more days.	Y / N
150 or more minutes or more of therapy in any combination of the 3 disciplines for at least 3 days (Medium Intensity) or If this is a Medicare 5 day or Readmission/Return Assessment, then the following may apply: In the first 15 days from admission 240 minutes or more of therapy is expected with Rehabilitation services expected on 8 or more days.	Y / N
45 or more minutes or more of therapy in any combination of the 3 disciplines for at least 3 days (Low Intensity) and 2 or more nursing rehabilitation services for at least 15 minutes each with each administered 6 or more days, or If this is a Medicare 5 day or Readmission/Return Assessment, then the following may apply: In the first 15 days from admission 75 minutes or more of therapy is expected with Rehabilitation services expected on 5 or more days; 2 or more nursing rehabilitation services received for at least 15 minutes each with each	Y / N
<p>* Nursing Rehabilitation includes:</p> <ul style="list-style-type: none"> Passive or active range of motion (P3a,b); Amputation/prosthesis care (P3i); Splint or brace assistance (P3c); Dressing or grooming training (P3g); Eating or swallowing training (P3h) Bed mobility or walking training (p3d,f); Transfer training (p3e); Communication training (P3j); Any scheduled toileting program or bladder retraining program (H3a, b) 	
If YES is indicated in this section, the client's case mix category is probably Special Rehabilitation	

Section 2-Extensive Services (If ADL Score <7, skip to Section 3)	
Client must have an ADL Score of ≥ 7	Circle Y/N
In the 7-day period ending with the Assessment Reference date, did the client receive: Parenteral / IV feedings (K5a)	Y / N
In the 14-day period ending with the Assessment Reference date, did the client receive:	Circle Y/N
IV Medication (does not include fluids without medication) (P1ac)	Y / N
Suctioning (P1ai)	Y / N
Tracheostomy Care (P1aj)	Y / N
Ventilator or Respiratory Treatment (P1al)	Y / N
To determine specific "Extensive Care" RUG Grouper (i.e. SE1, SE2, SE3) assign one (1) point for the following:	
<ul style="list-style-type: none"> Parenteral / IV feeding (K5a) IV Medication (P1ac) Criteria met in "Special Care" section (max of 1 pt) Criteria met in "Clinically Complex" section (max of 1 pt) If client meets the criteria of being cognitively impaired (refer to Cognitive Performance Scale) 	
If YES is indicated in this section, the client's case mix category is probably Extensive Services	

Assessment Reference Date: This date refers to the specific endpoint in the MDS assessment process. The date sets the designated endpoint of the common observation period, and all MDS items refer back in time from this point

Proposed ARD (MM/DD/YY):

Section 3-Special Care							
Does the client currently have one of the following with an ADL score of at least 7:	Circle Y/N						
Multiple Sclerosis and ADL ≥ 10 (I1w)	Y / N						
Quadriplegia and ADL ≥ 10 (I1z)	Y / N						
Cerebral Palsy and ADL ≥ 10 (I1s)	Y / N						
During the 1st 7-day period in the facility, the client will have/received treatment for:	Circle Y/N						
Ulcers (pressure or stasis) 2= sites over all stages with 2 or more skin treatments (M1a, M1b, M1c, M1d, M5a, M5b, M5c, M5d, M5e, M5g, M5h)	Y / N						
Any Stage III or IV pressure ulcer with 2 or more skin treatments (M2a, M5a, M5b, M5c, M5d, M5e, M5g, M5h)	Y / N						
Surgical wounds or open lesions with skin treatments (M4c, M4g, M5f, M5g, M5h)	Y / N						
Fever (j1h) with one or more: - Tube Fed* (K5b, K6a, K6b) - Vomiting (J1o) - Dehydration (J1c) - Pneumonia (I2e) - Weight Loss (K3a)	Y / N						
Tube Feeding* (K5b) and Aphasia (I1r)	Y / N						
Respiratory therapy for 7 days in the facility (P1bda)	Y / N						
In the 14-day period ending with the Assessment Reference Date, did the client receive: Radiation therapy (P1ah) or implant	<table border="1"> <tr> <th>Last Date</th> <th>Location of Record</th> <th>Circle Y/N</th> </tr> <tr> <td></td> <td></td> <td>Y / N</td> </tr> </table>	Last Date	Location of Record	Circle Y/N			Y / N
Last Date	Location of Record	Circle Y/N					
		Y / N					
Meets criteria in Extensive Services, but has ADL score ≤ 6 , then client classifies Special Care (SSA).	Y / N						
If YES is indicated in this section, the client's case mix category is probably Special Care							

Section 4- Clinically Complex	
Does the client currently have :	Circle Y / N
Comatose condition (B1) and not awake (N1) and completely ADL dependent	Y / N
Hemiplegia/Hemiparesis (I1v) and ADL ≥ 10	Y / N
Pneumonia (I2e)	Y / N
Septicemia (I2g)	Y / N
Diabetes Mellitus (I1a) and injections for 7 days (o3) and at least 2 days with MD order changes (P8)	Y / N
In the 14-day period ending with the Assessment Reference Date, did the client receive:	Circle Y / N
Chemotherapy (P1aa)	Y / N
Dialysis (P1ab)	Y / N
Oxygen Therapy (P1ag)	Y / N
Transfusions (P1ak)	Y / N
During the last 14-day period (or since admission if less than 14 days ago) did the client receive :	Circle Y / N
At least 4 MD order changes (P8) and 1 or more visit (P7)	Y / N
At least 2 MD order changes (P8) and at least 2 visits (P7)	Y / N
During the 1st 7-day period in the facility, the client will have/received treatment for:	Circle Y / N
Dehydration (J1c)	Y / N
Internal Bleeding (J1j)	Y / N
Tube Feeding* (K5b)	Y / N
Burns (2nd or 3rd degree) MM4b)	Y / N
Infection of foot (M6b) or open lesions on foot (M6c) and application of dressing foot (M6f)	Y / N
Meets criteria in Special Care but has an ADL Score ≤ 6 .	Y / N
If YES is indicated in this section, the client's case mix category is probably Clinically Complex	

***Tube Feeding Note:** Tube feeding calories $\geq 51\%$ (K6a) or tube feeding with total calories $\geq 26\%$ (K6a) and fluid parenteral or enteral intake of $\geq 501\text{cc/day}$ (K6b) in the last 7 days

Section 5- ADL FUNCTIONAL PERFORMANCE ASSESSMENT

INSTRUCTIONS: 1. Complete this section to **ESTIMATE THE ADL SCORE VALUE** for RUGS Code **ESTIMATION** only.

2. Estimation is based on ADL functional self-performance **during** the hospital stay.

NOTE: An ADL Score > 7 is required for a client to be placed in Extensive Services

ADL SCORING

G.1.a. BED MOBILITY How client moves to and from lying position, turns side to side, and positions body while in bed.	Supervision or Independent	1	
	Limited Assist	3	
	Extensive Assist	4	
	Dependent	5	
	Estimated Score		
G.1.b. TRANSFER How client moves to and from lying position, turns side to side, and positions body while in bed.	Supervision or Independent	1	
	Limited Assist	3	
	Extensive Assist	4	
	Dependent	5	
	Estimated Score		
G.1.h. EATING How client eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)	Supervision or Independent	1	
	Limited Assist	2	
	Dependent or Extensive Assist	3	
	Estimated Score		
G.1.i. TOILET USE How client uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.	Supervision or Independent	1	
	Limited Assist	3	
	Extensive Assist	4	
	Dependent	5	
	Estimated Score		
Estimated Pre-Admission ADL Value			

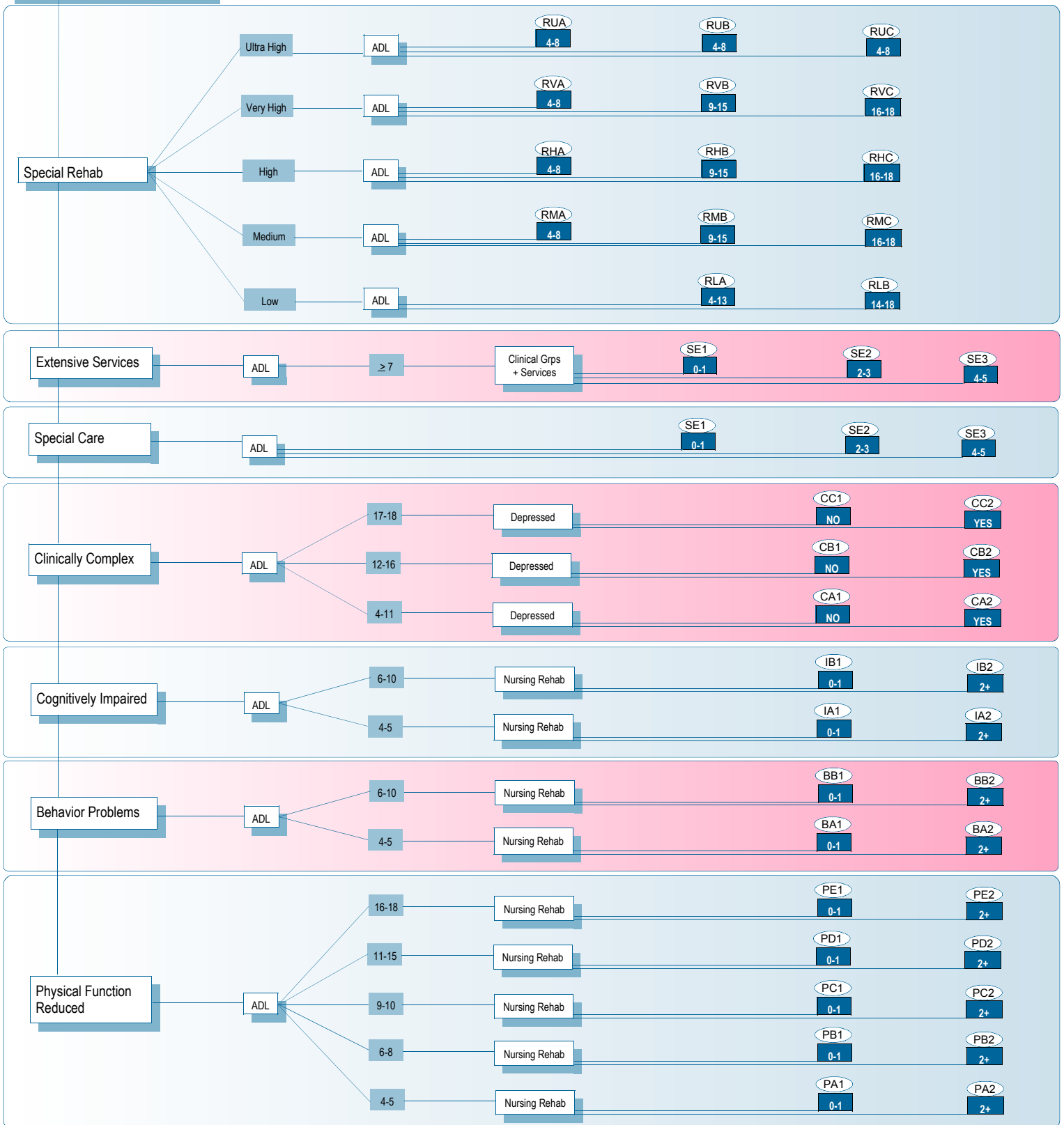
ADL SELF-PERFORMANCE GUIDE:

- INDEPENDENT** - No help or oversight
- SUPERVISION** - Oversight, encouragement or cueing provided
- LIMITED ASSIST** - Client highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance
- EXTENSIVE ASSIST** - While client performed part of activity, help of the following type(s) were provided:
 - ** Weight Bearing Support
 - ** Full Staff Performance
- DEPENDENT** - Full Staff Performance of Activity

Continue to Next page for RUG Classification

Section 6– RUG-III CLASSIFICATION DECISION TREE

Potential Nursing Home Residents



Comments •(In addition to the RUG-III estimation, consider the daily cost of a client's drug therapy and other ancillary services.)

***Tube feeding note:** Tube feeding with total calories ≥ 51% or tube feedings with total calories ≥ 26% and fluid parenteral or enteral intake of ≥ 501cc per day, in the last 7 days.

DISCLAIMER: The information contained herein is designed to be used only as an estimation guide. The criteria represented is correct to the best knowledge of the developers. The developers are not responsible for discrepancies in estimated versus actual post assessment reimbursement rates.

Pre-Admission RUG-III Classification

Pre-Admission RUG-III Estimation \$ /day

Completed By: